

intraoperative and postoperative morbidity in literature review. Robotic assisted radical prostatectomy (RaRP) provides a better surgical view compared to conventional RRP. Ideally, it might provide a better vision to navigate the difficult surgical planes of previous surgeries. In this study, we compared the peri- and post-operative outcomes of RaRP in patients underwent a prior TURP.

Materials and Methods: We retrospectively enrolled 249 patients who received RaRP from 2009 to 2016 by two experienced robotic surgeons in our hospital. Sixteen patients accepted a prior TURP. Total 16 patients had previous history of TURP (study group). The perioperative parameters, pathologic characteristics, complications, and voiding function outcomes were compared between the study group and those who didn't underwent a prior TURP (control group).

Results: Among the 16 patients, 3 patients had benign pathology of TURP in 5, 8 and 11 years prior to RaRP. One patient was diagnosed to have cT1a, Gleason 1+1 prostate cancer after TURP. The other 12 patients was diagnosed Gleason grade ≥ 6 prostate cancer after TURP and they had a mean time of 4 months (1.1–8.4 months) between TURP and RaRP. Mean operative time was similar between the study and control group (245.3 vs. 249.9 minutes, $p = 0.711$), mean blood loss was similar (85.8 vs. 93.5 cc, $p = 0.824$), post operation Foley indwelling time and hospital stay were also similar (6.7 vs. 4.3 days, $p = 0.153$; 7.0 vs. 6.2 days, $p = 0.192$). We performed bilateral neurovascular bundle (NVB) sparing, unilateral NVB sparing in 62.5%, 18.8% of study group patients, which was not less than control group (bilateral NVB sparing/unilateral NVB sparing = 64.8%/26.6%, $p = 0.852$). The positive surgical margin rate was similar between study and control group (18.8% vs. 27.0%, $p = 0.571$). The overall complication rate in study group was 31.25% (Clavien grade I: 5 patients), and 15.45% in control group (Clavien grade I: 30 patients, Clavien grade II: 2 patients, Clavien grade IIIa: 1 patient, Clavien grade IIIb: 3 patients). Although the complication rate in study group seemed higher than control group, it did not reach statistical significance ($p = 0.231$). Regarding post-operative continence, no difference could be observed between the 2 groups in terms of post-operative pad free rate (62% vs 68%, $p = 0.8412$).

Conclusion: RaRP might be challenging after a prior TURP. However, the peri- and post-operative outcomes were not compromised in experienced hands.

PD5-4: ESTROGEN RECEPTOR BETA PREDICTS ONCOLOGIC OUTCOME OF PT3 UPPER URINARY TRACT BETTER THAN AGGRESSIVE PATHOLOGICAL FEATURES

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Purpose: Upper urinary tract urothelial carcinoma (UT-UC) is rare and, according to the current guidelines, treatment options or prognostic markers are limited. There is increasing evidence indicating that urothelial carcinoma may be an endocrine-related cancer. The aim of this study was to analyze data from a single tertiary referral center in Taiwan and identify the prognostic effect of estrogen receptor beta (ER β) on the outcome of UT-UC.

Materials and Methods: From 2005 to 2012, 188 patients with pT3 UT-UC were treated at our institution. Only 115 patients with solitary renal pelvis or ureteral tumor underwent radical surgery. This study included 105 patients with adequate specimen quality. Perioperative factors, pathological features, and ER β immunostaining were reviewed and prognostic effects were examined by multivariate analysis.

Results: This study divided patients into either the ER β -positive ($n = 52$) or ER β -negative ($n = 53$) group and analyzed their oncologic outcomes. All pathological features except infiltrating tumor architecture (significantly higher incidence in ER β -negative groups, $p = 0.004$) are symmetric in both groups. Negative ER β expression was significantly correlated with local recurrence and distant metastasis in univariate analysis ($p = 0.035$ and 0.004 , respectively) and multivariate analysis ($p = 0.05$ and 0.008 , respectively).

Conclusion: This study identify the role of ER β in UT-UC and this result may help identify patients in need of adjuvant therapy or develop potential targeted therapy.

PD5-5: ROBOT-ASSISTED RADICAL PROSTATECTOMY – A SINGLE INSTITUTE EXPERIENCE

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Purpose: The aim of this study was to describe surgical, oncological and functional outcomes for patients undergoing robot-assisted radical prostatectomy (RARP)

Materials and Methods: From 2009 to November 2015, total 362 patients with prostate cancer were treated with robot-assisted radical prostatectomy at Taipei Veterans General Hospital. We collected patient and tumor characteristics. Perioperative outcomes, oncologic outcome, and functional outcomes were recorded.

Results: Total 362 patients were included in our study. The mean age was 63.35 ± 5.23 and the mean body mass index was 25.0 ± 2.36 . Mean pre-operation PSA was 11.7 ± 6.37 . Mean estimated blood loss was 190.7 ± 191.92 ml. Mean days of Foley removal was 5.6 ± 2.63 . Mean days of post-op hospital days was 6.65 ± 1.85 . Complications occurred in 75 cases (20%), with 58 grade I, 12 grade II, 2 grade IIIa, and 3 grade IIIb by Clavien-Dindo classification. Positive surgical margin was 28%. Continence rate was 85.56% after 1 year follow-up. Potency rate was 60.81% after 1 year follow-up. Biochemical recurrence rate was 13.56%. Mean follow-up period was 28.24 ± 17.89 months. Factor will influence biochemical recurrence including value of PSA, gleason score, risk group, and margin status.

Conclusion: According to our study and literature review. RARP is a safe procedure with regard to perioperative results. Functional outcome was better than previous study in our hospital.

PD5-6: IDENTIFIED SENTINEL LYMPH NODE IN PATIENT WITH BLADDER CANCER BY USING INTRAOPERATIVE INJECTION OF INDOCYANINE GREEN DURING LAPAROSCOPIC RADICAL CYSTECTOMY-SINGLE CENTER EXPERIENCE

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Purpose: Pelvic lymph node dissection has been known as the standard procedure in patient with muscle invasive bladder cancer during radical cystectomy. Our purpose is to map the sentinel lymph node by intra-operatively injecting indocyanine green (ICG) which can be detected by near-infrared (NIR).

Materials and Methods: This study included 10 patients with muscle invasive bladder cancer. ICG solution was administrated serosally around the tumor. NIR was used to detect the ICG intake area. Extended pelvic lymph node dissection was performed.

Results: Intra-operative ICG injection peritumorally could achieve well identification of sentinel lymph node not only in-vivo but also ex-vivo. Extended lymph node dissection during operation was performed. In compare with pathology report, perioperative fluorescence could make well mapping of lymph node. There was no complication during ICG injection.

Conclusion: Using intraoperative ICG injection can safely and successfully achieve sentinel lymph node mapping. However, further clinical study with large patient number may be needed.

Podium-6 Urolithiasis

PD6-1: THE CLINICAL IMPLICATIONS OF INCREASING ABUNDANT CALCIUM PHOSPHATE DURING THE LAST 40 DECADES IN ROUTINELY ANALYZED URINARY STONES

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